

# TALKING ABOUT WEIGHT: Guidance for GPs & Healthcare Professionals



**Obesity is a complex, progressive and relapsing chronic disease that is characterised by atypical or excessive body fat (adiposity) that impairs health.**

Obesity is not afforded the same time or resources, in clinical practice, as other non-communicable diseases. We must support healthcare professionals to address the causes and drivers of obesity and focus on safe, effective treatments.

## What is Weight Bias?

Weight Bias refers to negative attitudes & stereotypes about obesity & people living with obesity - judging a person's values, skills, abilities, or personality based on their body weight or shape.

Experiencing weight bias can lead to negative experiences such as shame/blame, poor self-esteem, body dissatisfaction and unhealthy weight control practices.

Weight bias from healthcare professionals can lead to an avoidance or delay in seeking medical care and worse health outcomes.



Explore all potential causes for symptoms:  
**LOOK BEYOND WEIGHT!**

## Barriers to Discussing Weight

- Concern about offending patient
- Perceived time & resource limitations
- Lack of training/confidence
- Limited referral pathways
- Personal issues with weight
- Poor awareness about obesity as a disease
- Unaware of evidence for treatment options

## Assessing/Reducing Weight Bias in Practice

- Recognise obesity as a complex disease
- Consider patient's past experiences
- Ask permission to discuss weight (when appropriate)
- Separate health & weight - not the same
- Address presenting issue before discussing weight
- Do not attribute all problems to weight
- Virtual consultations: removes many barriers for our patient, convenient/comfortable and safe



## Clinic Environment

- Remove stigmatising material (magazines/poster etc)
- Armless chairs that provide adequate support for patient weight and size
- Appropriately sized BP cuffs, gowns & equipment
- Private room for scales with appropriate capacity
- Staff trained in person first language

# 5As of Obesity Management



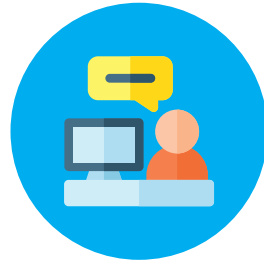
## ASK

- Permission to discuss weight
- Permission to collaborate



## ASSESS

- Severity
- Root causes
- Complications
- Readiness to initiate treatment



## ADVISE

- Health benefits
- Long term strategies
- Treatments



## AGREE

- Expectations
- SMART Goals
- Personalised plan



## ASSIST

- Education/Resources
- Identify Barriers
- Follow up

Adapted from Obesity Canada. 5As of Obesity Management. 2011. [https://obesitycanada.ca/wp-content/uploads/2018/02/Practitioner\\_Guide\\_Personal\\_Use.pdf](https://obesitycanada.ca/wp-content/uploads/2018/02/Practitioner_Guide_Personal_Use.pdf)

## General Approach

- Be supportive & encouraging
- Focus on health improvement and sustainable goals
- Avoid stigmatising, simplistic narratives “eat less, move more” and “helpful” anecdotal tips
- Manage expectations (early)
- Highlight non-scales successes
- Increase awareness of biological factors defending against weight loss & encouraging regain”

## Do Not Assume...

...a person's body weight tells you anything about their lifestyle such as stress level, eating, physical activity, or sleep habits

...people have not tried to lose weight previously

...people want to lose weight

...weight is the cause of all presenting symptoms

...people are unaware of their weight or the potential associated risks

## Role of the GP/Family Doctor

- Screening, assessment, and diagnosis of obesity
  - Start patient centred conversation: 5As
  - Assessment: History, Exam, Investigation, Awareness of obesogenic medications
  - Screen for co-morbidities/complications
- Determine severity of the disease (e.g. Edmonton Obesity Staging System)
- Discuss treatment options - psychological/behavioural, medication, surgery
- Collaborate to develop management plan
- Refer where appropriate for community support, or to specialist services



## ✓ USE

Excess or Unhealthy Weight

Patient Living with Obesity

Severe Obesity

Eating Habits

Physical Activity

## ✗ INSTEAD OF

Obese or Fat

Obese Patient

Morbidly Obese

Diet

Exercise

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